

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Christensen for Congress

ADDRESS (number and street)

220 W ALTA ROAD

Check if different
than previously
reported. (ACC)

Alta

WY

84341

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00607176

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

WY

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William O. Driskill

Signature of Treasurer

William O. Driskill

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 39

Write or Type Committee Name

Christensen for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	69080.00	69080.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	69080.00	69080.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20522.19	20522.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.10	0.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	20522.09	20522.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	55057.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 39

Write or Type Committee Name

Christensen for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

61404.00

61404.00

(ii) Unitemized.....

5676.00

5676.00

(iii) TOTAL of contributions from individuals ▶

67080.00

67080.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

2000.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

69080.00

69080.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

6500.00

6500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

6500.00

6500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.10

0.10

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

75580.10

75580.10

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 39

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20522.19	20522.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20522.19	20522.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75580.10
25. SUBTOTAL (add Line 23 and Line 24).....	75580.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20522.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	55057.91

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

JUSTIN G. ADAMS

Mailing Address PO BOX 145

City

KELLY

State

WY

Zip Code

83011-0145

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		29		2016

Transaction ID : SA11.35

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLAYTON ANDREWS

Mailing Address P.O. BOX 2854

City

JACKSON

State

WY

Zip Code

83001-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLAYTON ANDREWS REAL ESTATE

Occupation

SELF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11.93

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR RUSS ASBELL

Mailing Address PO BOX 2846

City

JACKSON

State

WY

Zip Code

83001-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		23		2016

Transaction ID : SA11.82

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR. DAVID GEORGE BARLOW

Mailing Address PO BOX 4838

City

JACKSON

State

WY

Zip Code

83001-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.114

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT B. BETTS JR

Mailing Address PO BOX 929

City

DUBOIS

State

WY

Zip Code

82513-0929

FEC ID number of contributing
federal political committee.

C

Name of Employer

RANCHER

Occupation

SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11.90

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR JACK B. BINIONMailing Address 3605 S TOWN CENTER DR
SUITE A

City

LAS VEGAS

State

NV

Zip Code

89135-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2016

Transaction ID : SA11.66

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR JACK B. BINION

Mailing Address 3605 S TOWN CENTER DR
SUITE A

City	State	Zip Code
LAS VEGAS	NV	89135-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2016

Transaction ID : SA11.67

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JERRY M. BLANN

Mailing Address PO BOX 256

City	State	Zip Code
TETON VILLAGE	WY	83025-0256

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.115

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MRS KATHRYN P. BOSWELL

Mailing Address 4020 BENT AVE

City	State	Zip Code
CHEYENNE	WY	82001-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2016

Transaction ID : SA11.55

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
JOHN BOWERS

Mailing Address P.O. BOX 1550

City State Zip Code
AFTON WY 83110-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOWERS LAW FIRM ATTORNEY

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2016

Transaction ID : SA11.97

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
D. BRUCE BURNS

Mailing Address PO BOX 6027

City State Zip Code
SHERIDAN WY 82801-1427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M	D D	Y Y Y Y
02	24	2016

Transaction ID : SA11.27

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS PHYLLIS M. COPE

Mailing Address 3605 S TOWN CENTER DR
SUITE A

City State Zip Code
LAS VEGAS NV 89135-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt

M M	D D	Y Y Y Y
03	16	2016

Transaction ID : SA11.68

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MRS PHYLLIS M. COPE

A.

Mailing Address 3605 S TOWN CENTER DR
SUITE A

City	State	Zip Code
LAS VEGAS	NV	89135-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2016

Transaction ID : SA11.69

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR KEVIN R. CRITZER

B.

Mailing Address PO BOX 1728

City	State	Zip Code
WILSON	WY	83014-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.105

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR ROBERT D. CULVER

C.

Mailing Address PO BOX 943

City	State	Zip Code
JACKSON	WY	83001-0943

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.107

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 39

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
MR ROBERT D. CULVER

Mailing Address **PO BOX 943**

City **JACKSON** State **WY** Zip Code **83001-0943**

FEC ID number of contributing federal political committee. **C**

Name of Employer
 INFORMATION REQUESTED PER BEST EFFC

Occupation
 INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

02 / **17** / **2016**

Transaction ID : SA11.9

Amount of Each Receipt this Period

150.00

☐ Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR JIM DARWICHE

Mailing Address **PO BOX 1677**

City **JACKSON** State **WY** Zip Code **83001-1677**

FEC ID number of contributing federal political committee. **C**

Name of Employer
 INFORMATION REQUESTED PER BEST EFFC

Occupation
 INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

03 / **31** / **2016**

Transaction ID : SA11.110

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR JERRY J. DILTS

Mailing Address **3530 RIVERSIDE DR.**

City **RIVERTON** State **WY** Zip Code **82501-5530**

FEC ID number of contributing federal political committee. **C**

Name of Employer
 INFORMATION REQUESTED PER BEST EFFC

Occupation
 INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

03 / **31** / **2016**

Transaction ID : SA11.117

Amount of Each Receipt this Period

2600.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

OGDEN DRISKILL**A.**

Mailing Address PO BOX 155

City

DEVILS TOWER

State

WY

Zip Code

82714-0155

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		29		2016

Transaction ID : SA11.34

Amount of Each Receipt this Period

1500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN EASTMAN**B.**

Mailing Address P.O. BOX 4000

City

JACKSON

State

WY

Zip Code

83001-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2016

Transaction ID : SA11.89

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR NYLES W. ELLEFSON**C.**

Mailing Address PO BOX 1028

City

WILSON

State

WY

Zip Code

83014-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.19

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Christensen for CongressFull Name (Last, First, Middle Initial)
A. MR NYLES W. ELLEFSON

Mailing Address PO BOX 1028

City	State	Zip Code
WILSON	WY	83014-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2016

Transaction ID : SA11.88

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
Full Name (Last, First, Middle Initial)
B. MR RAY ELSE

Mailing Address PO BOX 3102

City	State	Zip Code
JACKSON	WY	83001-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFCOccupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.12

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
Full Name (Last, First, Middle Initial)
C. MR RAY ELSE

Mailing Address PO BOX 3102

City	State	Zip Code
JACKSON	WY	83001-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFCOccupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2016

Transaction ID : SA11.75

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

JOHN AND DIANA ESPY**A.**

Mailing Address 906 13TH

City

RAWLINS

State

WY

Zip Code

82301-6523

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLAKE SHEEP CO

Occupation

RANCHER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2016

Transaction ID : SA11.60

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MUFFY FERRO**B.**

Mailing Address P.O. BOX 521989

City

SALT LAKE CITY

State

UT

Zip Code

84152-1989

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

WRITER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		23		2016

Transaction ID : SA11.26

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR STEPHAN J. FODOR**C.**

Mailing Address PO BOX 3561

City

JACKSON

State

WY

Zip Code

83001-3561

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.106

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

LAURA GALLOWAY

A.

Mailing Address P.O. BOX 768

City

BIG HORN

State

WY

Zip Code

82833-0768

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIDDEN VALLEY LAND & LIVESTOCK

Occupation

SECRETARY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2016

Transaction ID : SA11.29

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM HARE

B.

Mailing Address 6373 CYCLAMEN WAY

City

WEST JORDAN

State

UT

Zip Code

84081-4914

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIFIED FIRE AUTHORITY

Occupation

FIREFIGHTER/CAPTAIN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2016

Transaction ID : SA11.43

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. ALLEN R. HOOPES

C.

Mailing Address PO BOX 226

City

FREEDOM

State

WY

Zip Code

83120-0226

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.112

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

JOHN L. KEMMERER III

A.

Mailing Address PO BOX 6848

City

JACKSON

State

WY

Zip Code

83002-6848

FEC ID number of contributing
federal political committee.

C

Name of Employer

JACKSON HOLE MOUNTAIN RESORT

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2016

Transaction ID : SA11.44

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR BRETT KING

B.

Mailing Address PO BOX 40

City

COLTER BAY

State

WY

Zip Code

83013-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.7

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

EMILY JEAN KNOBLOCH

C.

Mailing Address PO BOX 4665

City

JACKSON

State

WY

Zip Code

83001-4665

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1999.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		24		2016

Transaction ID : SA11.28

Amount of Each Receipt this Period

1999.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3249.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MRS CHRISTY LAWTON

A.

Mailing Address PO BOX 1056

City

JACKSON

State

WY

Zip Code

83001-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer

EDWARDS LAWTON CONSULTING

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.100

Amount of Each Receipt this Period

500.00

☐ Memo Item

IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

MRS CHRISTY LAWTON

B.

Mailing Address PO BOX 1056

City

JACKSON

State

WY

Zip Code

83001-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer

EDWARDS LAWTON CONSULTING

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.16

Amount of Each Receipt this Period

800.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR PAUL LOWHAM

C.

Mailing Address PO BOX 14760

City

JACKSON

State

WY

Zip Code

83002-4760

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.103

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR. RON B. MC CUEMailing Address **PO BOX 798**

City

THAYNE

State

WY

Zip Code

83127-0798FEC ID number of contributing
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.116

Amount of Each Receipt this Period

1000.00
☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TRACI MEARSMailing Address **PO BOX 12391**

City

JACKSON

State

WY

Zip Code

83002-2391FEC ID number of contributing
federal political committee.**C**

Name of Employer

GARDEN CREEK LAW OFFICES

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.101

Amount of Each Receipt this Period

400.00
☐ Memo Item
IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

TRACI MEARSMailing Address **PO BOX 12391**

City

JACKSON

State

WY

Zip Code

83002-2391FEC ID number of contributing
federal political committee.**C**

Name of Employer

GARDEN CREEK LAW OFFICES

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.122

Amount of Each Receipt this Period

50.00
☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1450.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR DAVID MEYERSMailing Address **PO BOX 267**

City

MOOSE

State

WY

Zip Code

83012-0267FEC ID number of contributing
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		23		2016

Transaction ID : SA11.84

Amount of Each Receipt this Period

250.00
☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS PATRICELLIMailing Address **P.O. BOX 1788**

City

WILSON

State

WY

Zip Code

83014-1788FEC ID number of contributing
federal political committee.**C**

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2016

Transaction ID : SA11.39

Amount of Each Receipt this Period

1000.00
☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCOTT PIERSONMailing Address **1510 MOOSEBRUSH**

City

WILSON

State

WY

Zip Code

83014-FEC ID number of contributing
federal political committee.**C**

Name of Employer

PIERSON LAND WORKS LLC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.120

Amount of Each Receipt this Period

100.00
☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1350.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial)
SCOTT PIERSON

Mailing Address **1510 MOOSEBRUSH**

City State Zip Code
WILSON WY 83014-

FEC ID number of contributing
federal political committee.**C**Name of Employer
PIERSON LAND WORKS LLCOccupation
OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2016

Transaction ID : SA11.94

Amount of Each Receipt this Period

250.00
☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR AARON PRUZAN

Mailing Address **PO BOX 1605**

City State Zip Code
WILSON WY 83014-1605

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER BEST EFFCOccupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.15

Amount of Each Receipt this Period

250.00
☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN L. RESOR

Mailing Address **3490 CLUBHOUSE DR
NO 1-2**

City State Zip Code
WILSON WY 83014-9140

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER BEST EFFCOccupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.113

Amount of Each Receipt this Period

1000.00
☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1500.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR JOSEPH MATTHEW RICE JR

Mailing Address 6545 N VISTA LN

City

JACKSON

State

WY

Zip Code

83001-9087

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.108

Amount of Each Receipt this Period

1500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICIA RUSSELL

Mailing Address 3200 W SUNDANCE DR.

City

WILSON

State

WY

Zip Code

83014-

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NONE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2016

Transaction ID : SA11.30

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR JOHN P. SHELTON JRMailing Address 502 WAVERLY ST
SUITE 302

City

PALO ALTO

State

CA

Zip Code

94301-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.102

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....

6900.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR JOHN P. SHELTON JR

Mailing Address 502 WAVERLY ST

SUITE 302

City

PALO ALTO

State

CA

Zip Code

94301-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.104

Amount of Each Receipt this Period

2700.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MRS JEANETTE R. SMITH

Mailing Address PO BOX 408

City

SUNDANCE

State

WY

Zip Code

82729-0408

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2016

Transaction ID : SA11.59

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR HORTON S. SPITZER

Mailing Address PO BOX 1307

City

WILSON

State

WY

Zip Code

83014-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.13

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR HORTON S. SPITZER

Mailing Address PO BOX 1307

City

WILSON

State

WY

Zip Code

83014-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		23		2016

Transaction ID : SA11.86

Amount of Each Receipt this Period

750.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. WADE L. TREASURE

Mailing Address 217 PERIMETER DR.

City

ALTA

State

WY

Zip Code

83414-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.119

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL VONFLATERN

Mailing Address 1318 COLUMBINE

City

GILLETTE

State

WY

Zip Code

82718-7617

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PILOT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		03		2016

Transaction ID : SA11.42

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MS KRISTIN P. WALKER**A.**

Mailing Address 6455 SPRING GULCH RD

City

JACKSON

State

WY

Zip Code

83001-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer

THREE ELEPHANT PR

Occupation

PUBLIC RELATIONS/MARKETING

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1055.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.6

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MS KRISTIN P. WALKER**B.**

Mailing Address 6455 SPRING GULCH RD

City

JACKSON

State

WY

Zip Code

83001-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer

THREE ELEPHANT PR

Occupation

PUBLIC RELATIONS/MARKETING

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1055.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.99

Amount of Each Receipt this Period

55.00

☐ Memo Item
IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROB WALLACE**C.**

Mailing Address P.O. BOX 456

City

TETON VILLAGE

State

WY

Zip Code

83025-0456

FEC ID number of contributing
federal political committee.

C

Name of Employer

I2 CAPITAL

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.96

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2055.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR JEFF WASSERBURGER

Mailing Address 4300 LONGHORN AVE

City

GILLETTE

State

WY

Zip Code

82718-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2016

Transaction ID : SA11.58

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANNALIESE A. WIEDERSPAHN

Mailing Address 3905 BENT AVE

City

CHEYENNE

State

WY

Zip Code

82001-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

EQUIPOISE, LLC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2016

Transaction ID : SA11.123

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR J. L. WILSON

Mailing Address 625 GREENVILLE RD

City

ALTA

State

WY

Zip Code

83414-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2016

Transaction ID : SA11.23

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR J. WILLIAM WINNEY JR

Mailing Address 710 RIM RD

City

BONDURANT

State

WY

Zip Code

82922-

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2016

Transaction ID : SA11.76

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MS BRENDA YOUNKIN

Mailing Address PO BOX 2674

City

JACKSON

State

WY

Zip Code

83001-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		23		2016

Transaction ID : SA11.83

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

61404.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 39

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

FRIENDS OF JASON CHAFFETZ

Mailing Address 315 WESTFIELD CIRCLE

City

ALPINE

State

UT

Zip Code

84004-1594

FEC ID number of contributing
federal political committee.

C C00431684

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2016

Transaction ID : SA11.73

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

BUDGETHAWKS.COM

Mailing Address 315 WESTFIELD CIRCLE

City

ALPINE

State

UT

Zip Code

84004-1594

FEC ID number of contributing
federal political committee.

C C00491183

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2016

Transaction ID : SA11.74

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 39

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Christensen for Congress

A. Full Name (Last, First, Middle Initial) LELAND CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016	
Mailing Address 220 W ALTA RD		Transaction ID : SA13-1.001	
City ALTA	State WY	Zip Code 83414	Amount of Each Receipt this Period 4500.00
FEC ID number of contributing federal political committee. C H6WY00142		<input type="checkbox"/> Memo Item LOAN	
Name of Employer	Occupation		CANDIDATE LOAN FROM PERSONAL FUNDS
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00		
B. Full Name (Last, First, Middle Initial) LELAND CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 220 W ALTA RD		Transaction ID : SA13-1.002	
City ALTA	State WY	Zip Code 83414	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C H6WY00142		<input type="checkbox"/> Memo Item LOAN	
Name of Employer	Occupation		CANDIDATE LOAN FROM PERSONAL FUNDS
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		6500.00	
TOTAL This Period (last page this line number only).....		6500.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. MRS CHRISTY LAWTON

Mailing Address PO BOX 1056

City
JACKSONState
WYZip Code
83001-1056Purpose of Disbursement
IN-KIND CONTRIBUTION-FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item**Transaction ID : SB17.100****B. TRACI MEARS**

Mailing Address PO BOX 12391

City
JACKSONState
WYZip Code
83002-2391Purpose of Disbursement
IN-KIND CONTRIBUTION-FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

400.00

☐ Memo Item**Transaction ID : SB17.101****C. MS KRISTIN P. WALKER**

Mailing Address 6455 SPRING GULCH RD

City
JACKSONState
WYZip Code
83001-9004Purpose of Disbursement
IN-KIND CONTRIBUTION-WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

55.00

☐ Memo Item**Transaction ID : SB17.99****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

955.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Disbursement this Period

96.24

☐ Memo Item

Transaction ID : SB17-0.0014

B. BB&T

Mailing Address PO BOX 632

City	State	Zip Code
WHITEVILLE	NC	28472

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2016

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Transaction ID : SB17-0.0002

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2016

Amount of Each Disbursement this Period

5.15

☐ Memo Item

Transaction ID : SB17-0.0003

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

137.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	19	2016

Amount of Each Disbursement this Period

798.00

☐ Memo Item

Transaction ID : SB17-0.0004

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	19	2016

Amount of Each Disbursement this Period

5.73

☐ Memo Item

Transaction ID : SB17-0.0005

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2016

Amount of Each Disbursement this Period

17.65

☐ Memo Item

Transaction ID : SB17-0.0008

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

821.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

Amount of Each Disbursement this Period

134.30

☐ Memo Item

Transaction ID : SB17-0.0012

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2016

Amount of Each Disbursement this Period

798.00

☐ Memo Item

Transaction ID : SB17-0.0013

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2016

Amount of Each Disbursement this Period

32.75

☐ Memo Item

Transaction ID : SB17-0.0015

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

965.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2016

Amount of Each Disbursement this Period

22.80

☐ Memo Item

Transaction ID : SB17-0.0018

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2016

Amount of Each Disbursement this Period

9.33

☐ Memo Item

Transaction ID : SB17-0.0021

C. COMMONWEALTH CONSULTING

Mailing Address 9771 W 71ST AVE

City ARVADA State CO Zip Code 80004

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2016

Amount of Each Disbursement this Period

3093.00

☐ Memo Item

Transaction ID : SB17-0.0007

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3125.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2016

Amount of Each Disbursement this Period

2100.00

☐ Memo Item

Transaction ID : SB17-0.0019

B. CONNECT STRATEGIC COMMUNICATIONS

Mailing Address PO BOX 141251

City	State	Zip Code
DALLAS	TX	75214

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : SB17-0.0010

C. INTUIT

Mailing Address 2700 COAST AVE

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2016

Amount of Each Disbursement this Period

18.86

☐ Memo Item

Transaction ID : SB17-0.0017

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3618.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2016

Amount of Each Disbursement this Period

224.16

☐ Memo Item

Transaction ID : SB17-0.0020

B. MAMMOTH MARKETING GROUP

Mailing Address 905 NUECES ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2016

Amount of Each Disbursement this Period

1363.75

☐ Memo Item

Transaction ID : SB17-0.0006

C. MAMMOTH MARKETING GROUP

Mailing Address 905 NUECES ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2016

Amount of Each Disbursement this Period

5270.98

☐ Memo Item

Transaction ID : SB17-0.0011

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6858.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

A. THE TARGET GROUPMailing Address 669 SOUTH 200 EAST
STE 100

City SALT LAKE CITY State UT Zip Code 84111

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2016

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Transaction ID : SB17-0.0001

B. THE TARGET GROUPMailing Address 669 SOUTH 200 EAST
STE 100

City SALT LAKE CITY State UT Zip Code 84111

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Transaction ID : SB17-0.0016

C. THE WORT HOTELMailing Address PO BOX 69
50 N GLENWOOD

City JACKSON State WY Zip Code 83001

Purpose of Disbursement
CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2016

Amount of Each Disbursement this Period

440.49

☐ Memo Item

Transaction ID : SB17-0.0009

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4040.49

20522.19

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 36 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC01

Christensen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LELAND CHRISTENSEN

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
220 W ALTA RD

City

State

ZIP Code

ALTA

WY

83414

Original Amount of Loan

4500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

M M / D D / Y Y
02 / 29 / 2016

Date Due

M M / D D / Y Y
ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SC/10
Transaction ID : SC01

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 38 OF 39

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC01_B

Christensen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LELAND CHRISTENSEN

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
220 W ALTA RD

City	State	ZIP Code
ALTA	WY	83414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

TERMS

Date Incurred

M 03 / D 31 / Y 2016 Y

Date Due

M M / D D / Y ON DEMAND Y

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC01_B

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: